

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 60,130-986

First Named Inventor Ragnar Ledesma

COMPLETE IF KNOWN

Application Number / Herewith

Filing Date Herewith

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INDEPENDENT SUSPENSION UNDERCARRIAGE MODULE FOR A LOW FLOOR VEHICLE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name David L. Wisz

Address 400 W. Maple Road

Address Suite 350

City Birmingham

State Michigan

ZIP 48009

Country United States

Telephone (248) 988-8360

Fax (248) 988-8363

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name Ragnar
(first and middle [if any])

Family Name Ledesma
or Surname

Inventor's
Signature

Ragnar H. Ledesma

Date

7/9/01

Residence: City Sterling Heights

State MI

Country US

Citizenship United States

Mailing Address 2608 Tallowtree

Mailing Address

City Sterling Heights

State MI

ZIP 48314

Country United States

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Lawrence
(first and middle [if any])

Family Name Brill
or Surname

Inventor's
Signature

Date

Residence: City Westerville

State OH

Country US

Citizenship United States

Mailing Address 620 Mohican Way

Mailing Address

City Westerville

State OH

ZIP 43081

Country United States

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name David L. Wisz

Address 400 W. Maple Road

Address Suite 350

City Birmingham

State Michigan

ZIP 48009

Country United States

Telephone (248) 988-8360

Fax (248) 988-8363

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Ragnar
(first and middle (if any))Family Name Ledesma
or SurnameInventor's
Signature

Date

Residence: City Sterling Heights

State MI

Country US

Citizenship United States

Mailing Address 2608 Tallowtree

Mailing Address

City Sterling Heights

State MI

ZIP 48314

Country United States

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Lawrence
(first and middle (if any))Family Name Brill
or SurnameInventor's
Signature

Date 9-10-01

Residence: City Westerville

State OH

Country US

Citizenship United States

Mailing Address 620 Mohican Way

Mailing Address

City Westerville

State OH

ZIP 43081

Country United States

☒ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0851-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Steven E.		Hunter					
Inventor's Signature	<i>Steven E. Hunter</i>					Date	12/11/01
Residence: City	Lancaster	State	OH	Country	United States	Citizenship	US
Post Office Address		3144 Crawfis Road					
Post Office Address							
City	Lancaster	State	OH	ZIP	43130	Country	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Malcolm		Green					
Inventor's Signature	<i>Malcolm Green</i>					Date	9/10/01
Residence: City	Granville	State	OH	Country	United States	Citizenship	UK
Post Office Address		2675 Deeds Road					
Post Office Address							
City	Granville	State	OH	ZIP	43023	Country	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Duy		Lam					
Inventor's Signature	<i>Duy Lam</i>					Date	9/10/01
Residence: City	Baltimore	State	OH	Country	United States	Citizenship	US
Post Office Address		11051 Snyder Church					
Post Office Address							
City	Baltimore	State	OH	ZIP	43105	Country	United States

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Mike Michael Edward				Schuster			
Inventor's Signature		Michael E. Schuster		Date		July 25, 2001	
Residence: City		Rochester Hills		State		MI	
				Country		United States	
Post Office Address		3375 Eastwood Drive					
Post Office Address							
City		Rochester Hills		State		MI	
				ZIP		48309	
				Country		United States	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tomaz Dopico				Varela			
Inventor's Signature				Date			
Residence: City		Gahanna		State		OH	
				Country		United States	
Post Office Address		134 Windrow Court					
Post Office Address							
City		Gahanna		State		OH	
				ZIP		43230	
				Country		United States	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City				State			
				Country			
Post Office Address							
Post Office Address							
City				State			
				ZIP			
				Country			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
 Approved for use through 9/30/98. OMB 0651-0032
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a
 valid OMB control number.

DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 2 of 2

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Mike				Schuster			
Inventor's Signature						Date	
Residence: City	Rochester Hills	State	MI	Country	United States	Citizenship	US
Post Office Address	3375 Eastwood Drive						
Post Office Address							
City	Rochester Hills	State	MI	ZIP	48309	Country	United States
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Tomaz Dopico				Varela			
Inventor's Signature	<i>Tomaz Dopico</i>					Date	12-16-01
Residence: City	Gahanna	State	OH	Country	United States	Citizenship	BR
Post Office Address	134 Windrow Court						
Post Office Address							
City	Gahanna	State	OH	ZIP	43230	Country	United States
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

$+$

+

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

Name

Registration
Number

Name

Registration Number

27,460

40,568

33,080

37,794

37,139

42,777

44,130

46,350

45,864

46,174

47,209

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.

+